

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001770

AMENDED

Registration District No. 149Primary Registration District No. 1-0-2 Registrar's No. 487

STATE FILE NUMBER

FILED FEB 13 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>40 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1410 Broadway</u>		d. STREET ADDRESS (If outside, give location) <u>420 West 16th. St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <u>REGINALD TILLERY JACKS</u>		Month Day Year <u>1 24 62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3-25-00</u>
9. AGE (last birthday) <u>61</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass Finisher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carroll-Day Glass Company</u>	
11. BIRTHPLACE (City and state or country) <u>Platte City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Shelton Jacks</u>		13b. MOTHER'S MAIDEN NAME <u>Leah M. Atkins</u>	
14. NAME OF HUSBAND OR WIFE <u>Lorene Moore</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. INFORMANT <u>Mr. R.J. Jacks</u>		17. ADDRESS <u>5609 Garfield, K.C., Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary occlusion, acute</u>		<u>sudden</u>	
DUE TO (b) <u>Generalized arteriosclerotic vascular disease</u>		<u>1 year</u>	
DUE TO (c) _____		_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>May 3, 1960</u> to <u>January 24, 1962</u> . Last saw him alive on <u>December 27, 1961</u> . Death occurred at <u>9:25 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Deaf or title) <u>Sam A. Hooper, M.D.</u>	
22b. ADDRESS <u>6232 Troost Avenue Kansas City 10, Missouri</u>		22c. DATE SIGNED <u>1-27-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-27-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Platte City, Missouri</u>	
24. FUNERAL DIRECTOR <u>Leland H. Francis</u>		25. DATE RECD. BY LOCAL REG. <u>1-27-62</u>	
ADDRESS <u>401 Main Street Parkville, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.